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(734) 913-9300
FACSIMILE (734) 913-6007
jposa@patlaw.com
dwathen@patlaw.com
mbancroft@patlaw.com
jstaple@patlaw.com

FACSIMILE TRANSMISSION

DATE: February 2, 2005

TO: EXAMINER A. TABATABAI

FACSIMILE NO.: 703-872-9306

FROM: John G. Posa

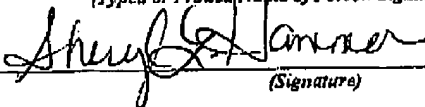
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RE: SN 10/759,459

MESSAGE:

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. CYB-05503/03
Applicant(s): Cohen			
Application No. 10/759,459	Filing Date Jan. 16, 2004	Examiner Tabatabai	Group Art Unit 2625
Invention: GESTURE-CONTROLLED INTERFACES FOR SELF-SERVICE MACHINES AND OTHER APPLICATIONS			
			RECEIVED CENTRAL FAX CENTER FEB 02 2005
<p>I hereby certify that this <u>Amendment, Amendment Transmittal Letter, Change of Attorney's Address</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703/872-9306</u>) on <u>Feb. 2, 2005</u> (Date)</p> <p style="text-align: center;"><u>Sheryl L. Hammer</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

FEB 02 2005

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. CYB-05503/03	
Applicant(s): Cohen						
Application No. 10/759,459	Filing Date 01/16/2004	Examiner Tabatabai	Customer No. 25006	Group Art Unit 2625	Confirmation No. 7720	
Invention: GESTURE-CONTROLLED INTERFACES FOR SELF-SERVICE MACHINES AND OTHER APPLICATIONS						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	2 -	20 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
John G. Posa Reg. No. 37,424 Gifford, Krass, Gred, Sprinkle et al. PO Box 7021 Troy, MI 48007-7021 Tel. 734/913-9300			Dated: Feb. 2, 2005 <div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
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